

COPY

**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER**

**This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH**

Harry Samuel 23,C,I,U  
Name (Print) Housing Location  
8-17-62 201360  
Date of Birth SBI Number Date Submitted

Complaint (What type of problem are you having)? on about 9-7-04 I was  
put in Max at which time 9-7-04 I requested  
Dental Care. on 11-2-04 I was handcuffed behind  
my back during Dental Treatment with TK Kionke  
the handcuffs and being handcuffed behind my back gave me injuries  
and pain to my hand, wrist, and shoulder I need to see Doctor it got worst.

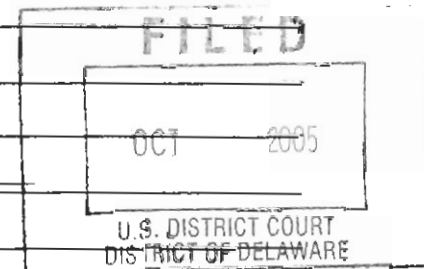
Harry L. Samuel  
Inmate Signature

Date

**The below area is for medical use only. Please do not write any further.**

S:

O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_



A:

P:

E:

Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED  
263

Exhibit - 26